October 2011

Dear Fellow Employee:

Enclosed is your 2012 Open Enrollment information for health insurance. Open Enrollment is your once-a-year opportunity to make changes to your benefits elections. **The deadline to make changes is November 30, 2011.**

The good news is that biweekly premiums are going down in the Enhanced PPO! The better news is that we are introducing a wellness program that will allow you to drop those prices even further, should you choose to participate. In 2010 we had seen increased health care costs, in addition to government required plan changes, which drove dramatic increases in premiums for 2011. With improved discounts and lower usage costs, we are able to lower premiums for you in 2012.

The plan design and options remain constant, with only slight changes in the drugs being offered in the pharmacy area. The options of drugs follow United Health Care's "Preferred Drug List" or PDL, which you can find on their website at www.myuhc.com. While there are very few individuals who will be impacted by these changes, there are significant dollar savings, which helps contribute to the lower 2012 premiums. We are also introducing a Diabetes Prevention Program, through United Health Care. This program focuses on compliance for any known diabetics and prevention for any in the pre-diabetic category. UHC will reach out to individuals who may fall in either of those categories to help them sign up if they choose. Again, this program is voluntary.

In this packet, we have summarized the benefits offered and the new costs that are effective January 1, 2012. If you want to make changes to your benefits elections for 2012, please visit Employee Self-Service between November 1st and the 30th. ***If you are currently enrolled in ABX benefits and are not making changes to your benefits for 2012, you do not need to complete the online elections unless you want to continue or enroll in flexible spending accounts or health savings accounts.*** If you do not make changes you will automatically remain in the same plans for 2012, with the exception of flexible spending and health savings. You must go online and elect new deductions for those plans.

If you have any questions about your benefits, please feel free to contact Beth Allen at ext. 62157 or Dawna Kennedy at ext. 62150 in your Human Resources Department.

Sincerely,

John Starkovich

John Starkovich
Vice President, Human Resources
& Corporate Services

Full-time & Part-time

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What's New for 2012?

Enhanced PPO Plan:

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- There are new employee contributions for 2012

Value PPO Plan:

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- There are new employee contributions for 2012

Health Savings Account PPO Plan:

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- The pretax individual contribution limits increased to $3,100 for an individual and $6,250 for a family
- There are new employee contributions for 2012

Dental and Vision Benefits:

- There are no changes to the plan's features for 2012.
- There are new employee contributions for 2012.

Flexible Spending Account:

- There are no changes to the plan's features for 2012.
- This option is only available if you elect the Enhanced PPO or Value PPO Plan.

Group Universal Life Insurance

- There is a special enrollment option given this year, allowing an increase up to 1 times your base salary, not to exceed $100,000, extended on a guaranteed acceptance basis. If you are eligible for this benefit, you will receive information about your options from the third party administrator, Marsh @Work Solutions.

Your 2012 open enrollment guide

Open Enrollment is your once-a-year opportunity to enroll or re-enroll for 2012. This information guide is being provided to you to help you choose your 2012 benefits. All changes are effective January 1, 2012. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your enrollment is **November 30, 2011.**

1. Review your choices

Medical Insurance

These medical options are administered by United HealthCare.

You have three plans to choose from:

- **Enhanced PPO**
- **Value PPO**
- **Health Savings Account (HSA) PPO**

Enhanced PPO

See page 16-19 for more details.

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 100% after the annual deductible. The annual in-network deductible is $375 per covered individual and $750 for families. The plan has an annual out-of-pocket maximum of $1,500 for individuals and $3,000 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is $20, and the specialist co-payment is $30 with no deductible.
- The deductible is $375 for individuals and $750 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 100% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 18 with no deductible.

2012 Employee Contributions

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	$ 77.64	$ 64.70
Employee & Child(ren)	$ 135.01	$112.51
Employee & Spouse	$ 163.35	$136.12
Employee, Spouse & Child(ren)	$ 242.13	$201.78

Value PPO Plan

See pages 16-19 for more details.

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 80% after the annual deductible. The annual in-network deductible is $600 per covered individual and $1,200 for families. The plan has an annual out-of-pocket maximum of $2,500 for individuals and $5,000 for families. Out-of-network services have lesser coverage.

Highlights of In-Network Coverage:

- The primary care office visit co-payment is $20, and the specialist co-payment is $30 with no deductible.
- The deductible is $600 for individuals and $1,200 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 18 with no deductible.

2012 Employee Contributions

	Bi-weekly Base	**Bi-weekly Wellness**
Employee Only	$ 71.80	$ 59.84
Employee & Child(ren)	$ 124.86	$104.05
Employee & Spouse	$ 151.07	$125.89
Employee, Spouse & Child(ren)	$ 223.95	$186.62

Health Savings Account (HSA) PPO

See pages 16-19 for more details.

This plan uses a Health Savings Account (HSA) to help pay for your medical expenses and puts you in control of your health care cost. A Health Savings Account allows you to save money for medical expenses on a pre-tax basis, reducing your taxable income. If you don't spend the money, it remains in your account for next year.

To help fund your HSA, ABX will contribute $500 for single coverage or $1,000 for family coverage into your account. Contributions are prorated and paid on a bi-weekly basis throughout the year. You can also contribute to your HSA on a pre-tax basis up to $3,100 annually for individuals and $6,250 for families. Your account comes with a debit card that you can use to pay for doctor visits, prescriptions, and other medical expenses not covered by the insurance. You also earn interest on your money in the account from the bank.

Along with your HSA, this option includes a catastrophic insurance plan to pay for "big ticket" medical expenses. The plan has a deductible of $1,250 per person and $2,500 for families[1] and provides 80% coverage for in-network services.

Highlights of In-Network Coverage:

- Health Savings Account includes annual company contributions of $500 for individuals or $1,000 for families. Your can contribute up to $3,100 annually for individuals and $6,250 for families.
- Deductible is $1,250 per person and $2,500 for families (see footnote 1).
- Coverage for hospital stays, doctor visits, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Out-of-pocket maximum is $3,500 for individuals and $7,000 for families.
- Prescription drugs are covered with a co-payment as described on page 18 after the deductible is met.

2012 Employee Contributions

	Bi-weekly Base	Bi-weekly Wellness
Employee Only	$ 51.26	$ 42.72
Employee & Child(ren)	$ 89.15	$ 74.29
Employee & Spouse	$ 107.86	$ 89.88
Employee, Spouse & Child(ren)	$ 159.89	$ 133.24

1 Unlike the Enhanced & Value PPO plans, your entire family must reach the $2,500 deductible before the plan will pay any benefit.

Dental Insurance

Both dental options are administered by MetLife.

You have two plans to choose from:

- **Enhanced Dental**
- **Basic Dental**

Enhanced Dental

See page 20 for more details.

This option provides coverage for preventive care, dental treatment, and orthodontia.

2012 Employee Contributions

(Includes Vision Benefit)

	Bi-weekly
Employee Only	$ 8.00
Employee & Child(ren)	$ 18.60
Employee & Spouse	$ 15.54
Employee, Spouse & Child(ren)	$ 26.14

Basic Dental

See page 20 for more details.

This option provides coverage for preventive care and dental treatment. There is no coverage for orthodontia.

2012 Employee Contributions

	Bi-weekly
Employee Only	$ 6.68
Employee & Child(ren)	$ 15.44
Employee & Spouse	$ 12.90
Employee, Spouse & Child(ren)	$ 21.66

Vision Benefits

Vision benefits are administered by EyeMed.

If you elect one of the Dental options, vision benefits are included.

Vision Plan

See page 20 for more details.

The cost of the vision benefits is included in the cost of the dental plans. The plan pays up to $50 for one eye exam per year per covered person and up to $100 per year per covered person toward the purchase of glasses or contacts.

Flexible Spending Account (FSA)

This plan is administered by United HealthCare.

Medical FSA

The Medical FSA allows you to contribute pre-tax dollars to an account that you can then use to pay for medical, dental, and vision expenses that are not covered by insurance. Examples include: deductibles, co-insurance, co-payments, and other out-of-pocket expenses such as over-the-counter drugs. For a complete list of eligible expenses see IRS publication 502 at www.irs.gov. By using a FSA, you reduce your taxable income for the year by the amount you contribute to the program which saves you money.

Use it or lose it!

You need to carefully budget for 2012. Any leftover 2011 money that is not used by March 15, 2012, will be forfeited to the Company.

Health Savings Accounts

This plan is administered by United HealthCare.

If you elected the HSA PPO for your medical insurance, ABX will contribute $500 per year for single coverage or $1,000 per year for family coverage to help offset the cost of the high deductible. The contribution is 1/26th of the $500 or $1,000 over each pay period of the year. You also may contribute up to $3,100 for single or $6,250 for families to the Health Savings Account each year.

IMPORTANT: If you elect this option, you must open a Health Savings Account with Optum Health Bank. If you are electing this benefit for the first time or if you are already enrolled in this option and have not yet opened an Optum Health Bank Health Savings Account, please visit www.optumhealthbank.com to open your account. Once your account is opened, you will receive a debit card to pay for medical expenses that are subject to the deductible or not covered by insurance, such as orthodontia, hearing aids, Lasik surgery, co-payments, etc.

The Money is Yours to Keep

NO "Use it or lose it"

Unlike the Flexible Spending Account, any leftover money at year-end is never forfeited but remains in your account until you need to use it. The money earns interest while it is in your account.

You must elect the HSA PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Enhanced or Value PPO plans you are not eligible for the Health Savings Account.

Life Insurance, AD&D, STD, & LTD

These plans are insured by The Hartford.

For Full-time Employees Only:

Company-paid Life Insurance and Accidental Death & Dismemberment (AD&D) coverage is paid by the Company. Your benefit is 1.5 times your base annual pay for life insurance and an additional 1.5 times base annual pay for AD&D coverage (up to certain limits).

The Company shares the cost of Short Term Disability with you. Long Term Disability is automatically provided to full time employees with one year of full-time service. **These benefits are not subject to open enrollment.** If you have not previously elected Short Term Disability, and wish to do so at this time, you will be subject to Evidence of Insurability. Please contact Human Resources for more information.

Voluntary Accident Insurance

This plan is insured by CIGNA.

This plan allows employees to purchase accidental death and dismemberment insurance. This plan pays a benefit if you die, lose a limb or eye sight in an accident (on or off the job). You may purchase from $25,000 up to $500,000 in coverage but not more than 10 times your annual salary for amounts over $250,000. You also may purchase family coverage for your spouse and dependent children.

RATES FOR 2012:

Bi-weekly cost:

Employee Principal Amount	Single	Family
$ 25,000	$0.35	$0.64
$ 50,000	$0.69	$1.27
$ 75,000	$1.04	$1.91
$ 100,000	$1.38	$2.54
$ 125,000	$1.73	$3.18
$ 150,000	$2.08	$3.81
$ 175,000	$2.42	$4.44
$ 200,000	$2.77	$5.08
$ 225,000	$3.12	$5.71
$ 250,000	$3.46	$6.35
$ 275,000	$3.81	$6.98
$ 300,000	$4.15	$7.62
$ 325,000	$4.50	$8.25
$ 350,000	$4.85	$8.88
$ 375,000	$5.19	$9.53
$ 400,000	$5.54	$10.15
$ 425,000	$5.88	$10.79
$ 450,000	$6.23	$11.42
$ 475,000	$6.58	$12.06
$ 500,000	$6.92	$12.69

Family members are covered at these levels of the principal sum if you elect the family coverage:

Spouse	50%
Spouse (if no children)	60%
Children	10%
Children (if no spouse)	15%

Other Benefits:

Group Universal Life Insurance

This plan is insured by Prudential Life and administered by Marsh @ Work Solutions.

ABX Air offers a Group Universal Life Insurance program that allows you to purchase up to six times your annual salary in life insurance. **This benefit is not subject to Open Enrollment.** However, Group Universal Life is offering a special enrollment period with a limited increase with a guaranteed issue. Enrollment after your initial eligibility period requires evidence of insurability. For more information visit www.personal-plans.com/abxair or call (800) 441-5581 to speak with a customer service representative.

Information about your benefit options will be mailed to you separately from Marsh @ Work Solutions.

Capital Accumulation Plan / 401(k)

Fidelity Investments is the record keeper and trustee of the 401(k) plan.
Visit www.401k.com or call (800) 835-5095 to enroll, make changes, or request more information. This benefit is not subject to Open Enrollment.

2. Deciding on your choices

You need to decide which coverage you want for 2012. A number of resources are available to help you make your choices:

- Read pages 16-20 of this brochure for summaries of your options.
- Call the Human Resources Department at ext. 62157 or ext. 62150.
- Visit the ABX Benefits website at www.myabx.com/benefits.

Web Resources

ABX Benefits
www.myabx.com/benefits

Medical Insurance
www.myuhc.com

Dental Insurance
www.metlife.com/mybenefits

EyeMed Vision Care
www.eyemedvisioncare.com

Group Universal Life Insurance
www.personal-plans.com/abxair

CAP/401(k) Plan
www.401k.com

3. Enrolling for 2012

The deadline is November 30, 2011.

1. Making changes to your enrollment is easy! Go on-line at www.myabxcom and click on **SELF SERVICE**.

2. After logging in click on **BENEFITS.**

3. Check your **DEPENDENTS** and enter any eligible dependents.

4. Click on **OPEN ENROLLMENT** and make your elections. All changes are effective January 1, 2012. ***Please note that only base prices will be shown. Wellness prices will apply if you complete the quarterly requirements, but will not show up on Self Service.***

5. Click **SUBMIT**. Once you submit your form, the file is forwarded to the Benefits Administrator for approval or rejection. Enrollment with errors will be rejected. It your responsibility to check on the status of your enrollment and make any corrections**. Do not click on "Save as Draft", as this will NOT submit your election.**

6. Check your enrollment to make sure it has been approved. The Benefits Administrator is committed to processing all enrollments within three business days of submission.

Helpful Hints

- If you would like Self Service to send you an e-mail when your enrollment has been approved, enter your e-mail address under PERSONAL.
- If you elect more than $250,000 in Voluntary Accident Insurance, be sure you do not elect more than 10 times your annual base salary.
- If you want to know what your 2011 benefits are, click on MY BENEFITS.
- Make sure you enter any dependents before making other changes.
- Make sure you send proof of dependents to the Human Resources Dept. for any dependents not currently enrolled.

Don't have access to a computer?

- Check with your public library.
- Use one of the kiosks located at your work location.
- Call the Human Resources Department at ext. 62157 or ext. 62150 for assistance.

How does the Deductible Work?

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Value PPO Plan has an individual in-network deductible of $600. Once the deductible has been satisfied for the calendar year, the plan pays the scheduled benefit. You have to satisfy the deductible only once per calendar year.

To help protect families, each plan has a family deductible. For example, the Value PPO Plan has a family deductible of $1,200. Once the family as a whole reaches $1,200 the plan will pay the scheduled benefit. This way each family member does not have to reach the individual deductible.

The Health Savings Account PPO deductible works differently from the Value PPO Plan deductible. Under this plan, if you elect family coverage, the entire family must reach the $2,500 deductible before the plan pays anything. The $1,250 individual deductible applies only to people electing single coverage. Remember that the Company contributes to your Health Savings Account to help offset the cost of the deductible.

Certain benefits are not subject to the deductible. Doctor office visits and prescription drug co-payments are not subject to the deductible (except in the Health Savings Account PPO where it is required by law).

Each plan we offer has a different deductible, so you should carefully review your options before enrolling.

What is my User ID and Password?

Your User ID is your employee number and your default password is the first three letters of your last name followed by the last four digits of your social security number.

For example:

USER ID 00100
PASSWORD PEN1234

If you need assistance with password issues, contact the Benefits Dept. at ext. 62157 or ext. 62150.

How does the Out-of-Pocket Maximum Work?

The out-of-pocket maximum is designed to protect you and your family from catastrophic claims. For example, in the Value PPO Plan, the in-network out-of-pocket maximum is $2,500. This means the most you would pay is $2,500 plus the deductible and any co-payments.

An illustration may help. Suppose you had a catastrophic claim and the hospital bill was $100,000. You are enrolled in the Value PPO plan and you used an in-network hospital. Here's what you would have to pay and what the plan would pay:

Hospital Claim	$100,000
Deductible	$ 600 (you pay)
Remaining	$ 99,400
Plan Pays @ 80%	$79,520
20% remaining is	$19,880; out-of-pocket max is $2,500
Because out-of-pocket maximum reached at $2,500	
Plan pays 100%	$17,380 ($19,880 - $2,500)
Total you pay	$ 3,100
Total plan pays	$96,900

Social Security Numbers for Dependents

The Medicare, Medicaid, and SCHIP Extension Act of 2007 requires that health plans such as ABX's health plan report the social security number of all covered dependents to the Centers for Medicare & Medicaid Services (CMS) beginning in 2011. This reporting is to allow the CMS to detect potential fraud and cases where a person with Medicare or Medicaid benefits has benefits through an employer.

In order to enroll your dependents in the ABX health plan, you will need to provide us with your dependents' social security number. The number will only be used to report to the CMS.

If you do not provide your dependents social security number, you cannot cover your dependent under our plan.

You can determine if you have provided us with social security number by clinking on **DEPENDENTS** under **BENEFITS** in Employee Self Service. Click on your dependent's name and click on **CHANGE** to see if the social security number is entered.

2012 Employee Contributions

All amounts are bi-weekly.

Base Medical Premiums

	Enhanced PPO	Value PPO Plan	HSA PPO
Employee Only	$ 77.64	$ 71.80	$ 51.26
Employee and Child(ren)	$135.01	$124.86	$ 89.15
Employee and Spouse	$163.35	$151.07	$107.86
Employee, Spouse and Child(ren)	$242.13	$223.95	$159.89

Wellness Medical Discounted Premiums

NOTE: ***The wellness prices will not show up on Self Service. You will automatically get the discounted prices if you complete the quarterly requirements.***

	Enhanced PPO	Value PPO Plan	HSA PPO
Employee Only	$ 64.70	$ 59.84	$ 42.72
Employee and Child(ren)	$112.51	$104.05	$ 74.29
Employee and Spouse	$136.12	$125.89	$ 89.88
Employee, Spouse and Child(ren)	$201.78	$186.62	$133.24

Dental & Vision Premiums

	Enhanced Dental & Vision	Basic Dental & Vision
Employee Only	$ 8.00	$ 6.68
Employee and Child(ren)	$18.60	$ 15.44
Employee and Spouse	$15.54	$ 12.90
Employee, Spouse and Child(ren)	$26.14	$ 21.66

SCHEDULE OF MEDICAL BENEFITS – 2012

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
NurseLine: Pin 185 1-888-609-5880 A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.						
Preventive Care Routine physical Immunization Pap test Mammogram	100% after $20 copay/office visit up to $300/person max/calendar yr (deductible does not apply)	Not covered	100% after $20 copay/office visit up to $300/person max/cal yr (deductible does not apply)	Not covered	100% after $25 copay/office visit up to $300/person max/cal yr (deductible does not apply)	Not covered
Well Baby Care	100% after $20 copay/office visit up to 2nd birthday (deductible does not apply)	Not covered	100% after $20 copay/office visit up to 2nd birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
Chiropractic	$30 copay Limit 12 visits/cal year	60% of MNRP[1] Limit 6 visits/cal year (deductible applies)	$30 copay Limit 12 visits/cal year	50% of MNRP[1] Limit 6 visits/cal year (deductible applies)	80% Limit 12 visits/cal year (deductible applies)	60% of MNRP[1] Limit 6 visits/cal year (deductible applies)
Physician Services Office Visits	100% after $20 copay/ office visit $30 copay/ specialist visit (deductible does not apply)	60% of MNRP[1] (deductible applies)	100% after $20 copay/ office visit $30 copay/ specialist visit (deductible does not apply)	50% of MNRP[1] (deductible applies)	80% (deductible applies)	60% of MNRP[1] (deductible applies)
Hospital Services Hospital Visits Inpatient Surgery Outpatient Surgery Hospital Newborn Care	100% hospital visits and surgery (deductible applies)	60% of MNRP[1] (deductible applies)	80% hospital visits and surgery (deductible applies)	50% of MNRP[1] (deductible applies)	80% (deductible applies)	60% of MNRP[1] (deductible applies)

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Health Care Facility Hospital Outpatient (minor surgery, radiation therapy) Hospital Inpatient[2] (room and board, x-rays, intensive care, newborn routine nursery care) Skilled Nursing Facility[2] (room & board up to semiprivate room rate, up to 120 days/cal year) Home Health Care[2] (up to 130 visits/cal year) Hospice Care[2] (up to $5,000 max)	100% (deductible applies)	60% of MNRP[1] (deductible applies)	80% (deductible applies)	50% of MNRP[1] (deductible applies)	80% (deductible applies)	60% of MNRP[1] (deductible applies)
X-Ray and Lab Anesthesiology	100% (deductible applies)	100% when ordered by network provider (deductible applies) 60% of MNRP[1] when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 50% of MNRP[1] when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of MNRP[1] when ordered by a non-network provider (deductible applies)
Hospital Emergency Room	100% after $75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 80% after $125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of MNRP[1] after $75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 60% of MNRP[1] after $125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% after $75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 80% after $125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% of MNRP[1] after $75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 50% of MNRP[1] after $125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% for emergencies (deductible applies) 60% for non-emergencies (deductible applies)	80% of MNRP[1] for emergencies (deductible applies) 60% of MNRP[1] for non-emergencies (deductible applies)

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Urgent Care Centers	100% after $30 copayment/visit (deductible does not apply)	60% of MNRP[1] (deductible applies)	100% after $30 copayment/visit (deductible does not apply)	50% of MNRP[1] (deductible applies)	80% (deductible applies)	60% of MNRP[1] (deductible applies)
Other Covered Health Services: Ambulance Service Durable Medical Equipment	80% (deductible applies)	80% of MNRP[1] (deductible applies)	80% (deductible applies)	80% of MNRP[1] (deductible applies)	80% (deductible applies)	60% of MNRP[1] (deductible applies)
Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy Infertility Treatment (maximums apply; see Covered Health services –Infertility section)	80% (deductible applies)	60% of MNRP[1] (deductible applies)	80% (deductible applies)	50% of MNRP[1] (deductible applies)	80% (deductible applies)	60% of MNRP[1] (deductible applies)
Bariatric Surgery[2]	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP[1] (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	50% of MNRP[1] (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP[1] (deductible applies) (does not count against the out-of-pocket maximum)
Outpatient Prescription Drugs Tiers as determined by the United HealthCare Prescription Drug List (PDL). See www.myuhc.com for the most current list.	Tier 1 - 90% ($10 min/$20 max) Tier 2 - 80% ($25 min/$45 max) Tier 3 - 60% ($50 min/$70 max) **Mail Order** (90-day supply) Tier 1 - 90% ($20 min/$40 max) Tier 2 - 80% ($50 min/$90 max) Tier 3 - 60% ($100 min/$140 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 90% ($10 min/$20 max) Tier 2 - 80% ($25 min/$45 max) Tier 3 - 60% ($50 min/$70 max) **Mail Order** (90-day supply) Tier 1 - 90% ($20 min/$40 max) Tier 2 - 80% ($50 min/$90 max) Tier 3 - 60% ($100 min/$140 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1- 80% ($20 min/$40 max) Tier 2 - 60% ($40 min/$60 max) Tier 3 - 50% ($60 min/$80 max) **Mail Order** (90-day supply) Tier 1 - 80% ($40 min/$80 max) Tier 2 - 60% ($80 min/$120 max) Tier 3 - 50% ($120 min/$160 max) (deductibles/out-of-pocket maximums apply)	Not covered

Medical Plan Features	Enhanced		Value		HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Mental Health and Substance Abuse[3]						
Inpatient Care[3] (maximums apply; see Mental Health and Substance Abuse section)	100% (deductible applies / out-of-pocket maximums do not apply)	60% of MNRP[1] (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP[1] (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	60% of MNRP[1] (deductible applies / out-of-pocket maximums do not apply)
Outpatient Care[3] (maximums apply; see Mental Health and Substance Abuse section)	100%, after $20 copayment (deductible / out-of-pocket maximums do not apply)	60% of MNRP[1] (deductible / out-of-pocket maximums do not apply)	80%, after $20 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP[1] (deductible / out-of-pocket maximums do not apply)	80% (deductible applies/ out-of-pocket maximums do not apply)	60% of MNRP[1] (deductible applies/ out-of-pocket maximums do not apply)
Intermediate Care[3]	100% (deductible applies/out-of-pocket maximums do not apply)	60% of MNRP[1] (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP[1] (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/ out-of-pocket maximums do not apply)	60% of MNRP[1] (deductible applies/ out-of-pocket maximums do not apply)
Annual Deductible	$375/person; $750/family (applies except where specified)	$500/person; $1,000/family (applies except where specified)	$600/person; $1,200/family (applies except where specified)	$1,000/person; $2,000/family (applies except where specified)	$1,250 individual plan; $2,500 total for family plan	$2,500 individual plan; $5,000 total for family plan
Out-Of-Pocket Maximum	$1,500/person; $3,000/family (except where specified)	$5,000/person; $10,000/family (except where specified)	$2,500/person; $5,000/family (except where specified)	$5,000/person; $10,000/family (except where specified)	$3,500/person; $7,000/family	$5,000/person; $10,000/family
Non-Notification Penalty	$200 penalty applies to health facility services requiring pre-notification with UHC $300 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification					
Maximum Lifetime Benefit	NONE					

[1] Maximum Non-Network Reimbursement Program [2] Pre-notification with UHC is required to receive full plan benefit and avoid penalty [3] Pre-notification with UBH is required to receive full plan benefits and avoid penalty.
NOTE: Copayments do not apply towards deductible or out-of-pocket maximum.

Go to www.myUHC.com to review your claims, check eligibility of your dependents, order an ID card, locate network providers, and research information on many health topics.

2012 SCHEDULE OF DENTAL BENEFITS

Plan Feature	Enhanced Dental Plan	Basic Dental Plan
Annual deductible	$25/person	None
Lifetime deductible	None	$50/person
Annual maximum benefit	$2,000 (not including orthodontia)	$1,500
Diagnostic/preventive services • Exams • Cleaning (including periodontal) • Application of fluoride • X-rays • Space maintainers	100% of R&C* (deductible does not apply)	80% R&C* after deductible
Basic restorative services • Fillings/Extractions • Surgery • Endodontics • Periodontal procedures such as bone and gum (gingival) surgery	80% R&C* after deductible	80% R&C* after deductible
Major restorative services • Onlays • Crowns • Bridges	50% R&C* after deductible	50% R&C* after deductible
Orthodontia & treatment of Bruxism	50% R&C* up to $1,000 lifetime maximum (deductible does not apply)	Not covered
Emergency treatment	Same as any other covered expense	Same as any other covered expense

*** The plan pays benefits based on reasonable and customary (R&C) charges.**

2012 SCHEDULE OF VISION BENEFITS

Plan Feature	In-Network	Out-of-Network
Eye Exam	Up to $50	Up to $50
Glasses and Frames or contacts	Up to $100	Up to $100

IMPORTANT NOTICES

The following notices are mandated by federal law.
November 1, 2011

Grandfathered Health Plan

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at ABX Plan Administrator, 145 Hunter Drive, Wilmington, OH, 45177 (937) 382-5591. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Women's Health and Cancer Rights Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator (937) 382-5591 for more information.

HIPAA Privacy Practices

The Health Plan Notice of Privacy Practices is included in the Benefits Handbook (Summary Plan Description). If you would like a copy of the Health Plan Notice of Privacy Practices, contact the Health Plan's Privacy Officer, 145 Hunter Drive, Wilmington OH, 45177

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families Notice

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2011. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	**COLORADO** – Medicaid and CHIP
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	**FLORIDA** – Medicaid
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
CALIFORNIA – Medicaid	**GEORGIA** – Medicaid
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP	**MONTANA** – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	**NEBRASKA** – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
IOWA – Medicaid	**NEVADA** – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	**NEW HAMPSHIRE** – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-8183
LOUISIANA – Medicaid	**NEW JERSEY** – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-572-3839	
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK –** Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA** – Medicaid

Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: http://www.nc.gov Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA** – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	**VERMONT**– Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OREGON – Medicaid and CHIP	**VIRGINIA** – Medicaid and CHIP
Website: http://www.oregon.gov/OHA/OPHP/FHIAP/index.shtml Phone: 1-888-564-9669	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	**WASHINGTON** – Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
RHODE ISLAND – Medicaid	**WEST VIRGINIA** – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: www.dhhr.wv.gov/bms/ Phone: 304-558-1700
SOUTH CAROLINA – Medicaid	**WISCONSIN** – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING** – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531
UTAH – Medicaid and CHIP	
Website: http://health.utah.gov/upp Phone: 1-866-435-7414	

To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Summary of Material Modifications

Effective January 1, 2012

Enhanced PPO Plan:

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management

Value PPO Plan:

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management

Health Savings Account PPO Plan:

- In network chiropractic visit limits were increased to 12 per year
- Chiropractic management program introduced
- Diabetes Prevention Program introduced
- Pharmacy changes following UHC's preferred drug program and suggested Rx management
- The pretax individual contribution limits increased to $3,100 for an individual and $6,250 for a family

Human Resources Dept.
Mailcode 2061-H
145 Hunter Drive
Wilmington, OH 45177
www.myabx.com